

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

**DRAFT**

### UST Facility Owner Address Correction

Date Form Completed		/ /	
<b>1. UST Facility Information</b>			
Agency Interest Number (AI)			
UST Facility Name			
<b>2. Address Correction</b>			
UST System Owner Name (Full legal name of individual, corporation or LLC, government, other)			
Mailing Address		Street Address:	
		City:	State: Zip Code: -
Contact Information		Phone: ( ) -	Email:
<b>3. Certification</b>			
I hereby certify under penalty of law that I am the (mark one)		<input type="checkbox"/> UST System Owner	
		<input type="checkbox"/> Legally-authorized representative <i>(If individual signing this other than described below, attach a notarized copy of power of attorney, or resolution of board of directors, which grants individual the legal authority to represent the company. Does not apply to single proprietorship or partnership.)</i>	
A "legally-authorized representative" is:			
1) For a corporation or LLC – A responsible corporate officer. For the purpose of this section, a responsible corporate officer means (i) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation.		2) For a municipality, State, Federal, or other public agency – A principal executive officer or ranking elected official. A principal executive officer includes: (i) The chief executive officer of an agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit.	
I the undersigned, have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate and complete. I understand that this notification form is sufficient evidence to establish ownership of the underground storage tank system for purposes of KRS 224.60-105 through KRS 224.60-160 and 401 KAR Chapter 42.			
Owner's Authorized Representative (Full legal name)			
Owner's Authorized Representative Contact Information		Phone: ( ) -	Email:
UST System Owner or Authorized Representative (Full Legal Name)		Signature	Date / /
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a> . For copies of facility records please visit <a href="http://eec.ky.gov/pages/openrecords.aspx">http://eec.ky.gov/pages/openrecords.aspx</a> or email <a href="mailto:DEP.KORA@ky.gov">DEP.KORA@ky.gov</a> .			